State of New Hampshire

Bepartment of State

FEE:

\$10.00

Payable to:

State of New Hampshire

Corporation Division

Concord Tel. 603-271-3244

Location: State House Annex — 3rd floor

Mailing Address: State House

Room 204

Concord, N.H. 03301

CERTIFICATE OF ADDITION IN PARTNERSHIP USING TRADE NAME

Be it known that: (PLEASE	TYPE OR PRINT CLEARLY)			
NAME OF NEW MEMBER	NO. & STREET	CITY/TOWN	STATE	ZIP
AGRON Kapl	ON 14 Aclams 51	Milford	NH	0305
has been added to the firm	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `			
H&D Comp	uter LINK (Business Na	me)		
nt (Business Address) 23 (No.	(Street)	Milford (City/Town)	NH C	3055 (Zip)
Effective (date) 11/30	0/04	(020), 2011	(33237)	(
The member(s) now comprisi	ng the firm are:			
NAME OF MEMBER	NO. & STREET	CITY/TOWN	STATE	ZIP
Ronald Kaplan	14 Adams ST	milfond	NH	0305
Ronald Kaplan Aaron Kaplan	14 Adams ST	milford	NH	0305
Signed: [Must be signed the signed si	by each member including	new member(s).]		
Karalel Ko	enfan			
arran Runlan				
- with the state of the state o				
	State of Nov. II			

State of New Hampshire Form TN 7 - Certificate of Withdrawal in 1 Page(s)

Form No. TN-5 RSA 349:2



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